

DEPARTMENT OF CORRECTIONS

Nursing Observations

(check only those which apply)

		Date	2-5-02			6			7			8			9			10			11				
		Shift	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E			
C O N D I T I O N	ambulant			✓			✓									✓	✓		✓	✓					
	with assistance																								
	up in chair																								
	bed rest																								
	good																✓		✓	✓					
	fair				✓			✓									✓								
	unchanged																								
	depressed																								
	irritable																								
	confused																								
	serious																								
	uncooperative																								
	side rails																								
	up																								
down																									
SLEEP	good			✓			✓									✓	✓		✓	✓					
	restless																								
APPE- TITE	good (80-100%)			✓			✓									✓	✓		✓	✓					
	fair (30-80%)																								
	poor (0-30%)																								
	refused																								
D I E T	regular			✓			✓									✓	✓		✓	✓					
	diabetic																								
	liquid																								
	dialysis																								
M E	taken as ordered																✓		✓						
	refused																								
D's	absent from pill call																								
S K I N	rash																								
	edema																								
	warm & dry			✓			✓									✓	✓		✓	✓					
BATH	self																								
	assist																								
ELIMI- NATION	foley			B			B										B	B	B	B					
	incontinence			R			R										R	R	R	R					
	urine			P			P										P	P	P	P					
	feces																								
NAME (LAST, FIRST, MIDDLE)		Wright Richard				D.O.B.		11		AGE				R/S				AIS NUMBER		187140		INST		KCF	

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DAILY PATIENT ASSESSMENT

DEPARTMENT OF CORRECTIONS

Nursing Observations

(check only those
which apply)

		Date	20				21				22				23				24				25				26			
		Shift	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N				
	ambulant				✓																									
C	with assistance																													
O	up in chair																													
N	bed rest																													
D	good				✓																									
I	fair																													
T	unchanged																													
I	depressed																													
o	irritable																													
N	confused																													
	serious																													
	uncooperative																													
	side rails																													
	up																													
	down																													
SLEEP	good				✓																									
	restless																													
APPE-	good (80-100%)				✓																									
TITE	fair (30-80%)																													
	poor (0-30%)																													
	refused																													
D	regular				✓																									
I	diabetic																													
E	liquid																													
T	dialysis																													
M	taken as ordered																													
E	refused																													
D's	absent from pill call																													
S	rash																													
K	edema																													
I	warm & dry				✓																									
N																														
BATH	self																													
	assist																													
ELIMI-	foley																													
NATION	incontinence																													
	urine																													
	feces																													

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NAME (LAST, FIRST, MIDDLE)

D.O.B.

AGE

R/S

AIS NUMBER

INST

Wright, Richard

8/15/67

34

D/M

187140

K.C.F.

Nursing Observations(check only those
which apply)Date
Shift

20			21			22			23			24			25			26		
D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N

VS temperature
pulse
respiration
blood pressure
weight

INTAKE
days
evening
nights
24hr total

OUTPUT
days
evening
nights
24hr total

OTHER

MD visited

nurses initials

nurses signature

WEEKLY SUMMARY

Days

Evening

Nights



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SERVICES
INCORPORATED

PHYSICIANS' ORDERS

<p>NAME: <u>Wright, Richard</u> #187140</p> <p>D.O.B. 8/15/67</p> <p>ALLERGIES: NKDA</p> <p>Use Last Date 6/7/05</p> <p><i>noted 6/7/05</i></p>	<p>DIAGNOSIS (If Chg'd) <i>For Eye glasses orders</i></p> <p><i>Benzoyl peroxide topical daily x 30 days</i></p> <p><i>Back and Knee Exercises daily x 6 mo</i></p> <p><i>Tylenol 400 mg Tab 1 Bid PRN x 5 days</i></p> <p><input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>
<p>NAME: <u>Wright, Richard</u> 187140</p> <p>D.O.B. 8/15/67</p> <p>ALLERGIES: NKDA</p> <p>Use Fourth Date 5/16/05</p> <p><i>Noted 5-16-05 0940</i></p>	<p>DIAGNOSIS (If Chg'd)</p> <p><i>Benzoyl peroxide topical daily x 30 days</i></p> <p><i>PRN PRN</i></p> <p><input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>
<p>NAME: <u>Wright, Richard</u> #187140</p> <p>D.O.B. 8/15/67</p> <p>ALLERGIES: NKDA</p> <p>Use Third Date 5/5/05</p> <p><i>noted 5-5-05</i></p>	<p>DIAGNOSIS (If Chg'd)</p> <p><i>MA - for 2 dysrhythmias -</i></p> <p><i>+ Reality Testing -</i></p> <p><input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>
<p>NAME: <u>Wright, Richard</u> #187140</p> <p>D.O.B. 8/15/67</p> <p>ALLERGIES: NKDA</p> <p>Use Second Date 5/5/05</p> <p><i>noted 5-5-05</i></p>	<p>DIAGNOSIS (If Chg'd)</p> <p><i>S/P 1 YR - done 02-05</i></p> <p><i>Optometry Consult for blurred vision</i></p> <p><i>CTM - 8 mg P.O. HS x 2 Wks</i></p> <p><i>Pseudoephedrine 60 mg P.O. HS x 2 Wks</i></p> <p><i>PRN PRN</i></p> <p><input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>
<p>NAME: <u>Wright, Richard</u> #187140</p> <p>D.O.B. 8/15/67</p> <p>ALLERGIES: NKDA</p> <p>Use First Date 4/26/05</p> <p><i>noted 4-26-05</i></p>	<p>DIAGNOSIS</p> <p><i>HIV/RPR - EKG</i></p> <p><i>TB skin test</i></p> <p><i>- per APY</i></p> <p>FOR PROFESSIONAL USE ONLY</p> <p>CONFIDENTIAL RECORD</p> <p><i>NOT</i></p> <p><i>1/0 Dr. Rayapati/Chuntes, LPN</i></p> <p><input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>

MEDICAL RECORDS COPY



PHYSICIANS' ORDERS

NAME: D.O.B. / / ALLERGIES: Use Last Date / /	DIAGNOSIS (If Chg'd) <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: D.O.B. / / ALLERGIES: Use Fourth Date / /	DIAGNOSIS (If Chg'd) <p style="text-align: center;">FOR PROFESSIONAL USE ONLY CONFIDENTIAL RECORD NOT TO BE PHOTO COPIED</p> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Wright Richard 187140 D.O.B. 8/15/67 ALLERGIES: Tylenol; PPD Mantoux Use Third Date / /	DIAGNOSIS (If Chg'd) Benzoyl H2O 10% QOX 1 month HA Mofin 200mg TPO BID x 1 month PRN Suboxone TPO BID x 3 days discontinue Labs and Xray results R+C PRN <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Wright, Richard 187140 D.O.B. 8/15/67 ALLERGIES: Use Second Date / /	DIAGNOSIS (If Chg'd) NO Smoking Profile 60 days <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: John A. Wright D.O.B. / / ALLERGIES: Use First Date 2/25/05	DIAGNOSIS 1 X-ray Skull 2 Blood 80% B12 70 PM 3 Benzoyl peroxide 10% <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED



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PHYSICIANS' ORDERS ~~CONFIDENTIAL RECORD~~

NAME:

DIAGNOSIS (If Chg'd)

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D.O.B.

ALLERGIES:

Use Last

Date

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B.

ALLERGIES:

Use Fourth

Date

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B.

ALLERGIES:

Use Third

Date

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

D.O.B.

ALLERGIES:

Use Second

Date

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS

D.O.B.

ALLERGIES:

Use First

Date

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

60110 (4/03)

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PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Third Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Second Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Wright, Richard #187140	DIAGNOSIS Benzoyl Peroxide to affected area x 20 days Shampoo Benzoyl Peroxide x 20 days Antifungal Cr to affected area x 20 days KOP
D.O.B. 11/15/67	
ALLERGIES: NCA	
Use First Date 11/16/04	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

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PROGRESS NOTES

Date/Time	Inmate's Name: Wright, Richard #187140	D.O.B.: 8/15/67
7/21/05 / 9:11 a.m.	Wt. 181 Lbs B/p 112/80 Tq 6 P58 R20	
	C/O blurry vision, head aches and feet pain 37 bpm for C/O to nose state blurred vision from Hx of head trauma in Bullock CA eyes blurred in am & clearing during day ALSO C/O Bil feet pain while on feet in kitchen work N/A VSD N/A X3 Ambulation 5 Difficult MEENT OD Ext to prc OS w/L Glasses on order C/O RER Last Exam C/O C/O OD 20/70 Ext O/ECC feet & fallen arches 2/150 hard callus to front Bottom feet X Ray phoebe O/Ses noted O/pump with 2/05 work Hamm. Shoes in bad shape & Bottom soles coming apart from shoes A Hx Head trauma Hx - tension Bil feet pain P OK for master lock X 1 yr E 1 PR Arch supports X 6 months motion 200 mg TI p/B 10X 90 days PRN Safety. R/C PRN 2 day 2 care	
	8/5/05 Chart Reviewed - in Condition do not need long term NSOID Rx -	

Date/Time

Inmate's Name:

Wright Richard # 187140

D.O.B.:

8/15/67

8/18/05-9:40am wt. 186# T 97.8 B/P 110/20 P 60
 c/o ankle (both) feet

a)

feet hurts

has normal feet

e very mild flat arch.

(*)

flat arches mild

but functional

p)

Intakes

(S)

Reg. Exer—

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